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	Application Number	10/658164							
TRANSMITTAL	Filing Date	September 9, 2003 RL Schapaugh							
FORM	First Named Inventor								
(to be used for all correspondence after initial filing)	Art Unit	1743							
	Examiner Name	JM Ludlow							
Total Number of Pages in This Submission 10	Attorney Docket Number	00373.US1							
ENCLOSURES (Check ell that apply)									
Fee Transmittal Form Fee Attached Amendment/Reply After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement Certified Copy of Priority Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s) Licensing-related Papers Petition Petition to Convert to a Provisional Application Power of Attorney, Revocation Change of Correspondence Addr Terminal Disclaimer Request for Refund CD, Number of CD(s) marks Amendment in respondence of the control of the co	After Allowance communication to Group Appeal Communication to Board of Appeals and Interferences Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) Proprietary Information Status Letter Other Enclosure(s) (please Identify below):							
SIGNATURI	OF APPLICANT, ATTORN	EY. OR AGENT							
Firm ,									
or Individual name Mary J. Hosley									
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Date June 17, 2005									
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FEE TRANSMITTAL for FY 2004				Complete if Known				
			Appl	Application Number 1		10/658164	10/658164	
			Filin	Date		September 9, 2003	September 9, 2003	
Effective 10/01/2003. Patent fees are subject to annual revision.			First	Named	Inventor	RL Schapaugh		
			Exar	Examiner Name		JM Ludlow		
L Applicant claims small entity status. See 37 CFR 1.27		1.21	Art Unit			1743		
TOTAL AMOUNT OF PAYMENT (\$) 0.00			Attorney Docket No.		cket No.	00373.US1		
METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
Check Credit card	Order Other		3. ADDIT					
Deposit Account:			Lerge Entity Small Entity Fee					
Deposit Account	21-0718	-1	Code (\$)	Code		Fee Description	Fee Paid	
Number Deposit		_ 1	1051 130	2051		harge - late filing fee or oath		
Account Pharmacia	& Upjohn Company	_	1052 50	2052	cove	harge - late provisional filing fee or r sheet	——	
The Director is authorized to:			1053 130 1812 2,520	1053 1812 2		English specification ling a request for ex parte reexamination	<u> </u>	
Charge fee(s) indicated below		ments	1804 920		•	resting publication of SIR prior to	' 	
Charge any additional fee(s)					Exam	niner action		
Charge fee(s) indicated below to the above-identified deposit ad		1 ¹	1805 1,840	1805		uesting publication of SIR after niner action		
	LCULATION	·	1251 110	2251	55 Exte	nsion for reply within first month	-	
1. BASIC FILING FEE	,	1	1252 420	2252	210 Exte	ension for reply within second month		
Large Entity Small Entity Fee Fee Fee Fe	oo Danastatian Eoo	Date:	1253 950	2253		ension for reply within third month	——	
Code (\$) Code (\$)	ee Description Fee		1254 1,480	2254		ension for reply within fourth month		
	Utility filing fee		1255 2,010	2255		ension for reply within fifth month	 	
	Design filing fee	11	1401 330	2401		ce of Appeal	—	
	Plant filing fee		1402 330 1403 290	2402		g a brief in support of an appeal		
	Reissue filing fee Provisional filing fee		1463 290 1451 1,510	1451		uest for oral hearing fon to institute a public use proceeding		
			1452 110	2452		ion to revive - unavoidable		
	BTOTAL (1) (\$)0.00	، اليد	1453 1,330	2453		ion to revive - unintentional		
2. EXTRA CLAIM FEES	FOR UTILITY AND REI	SSHEL	1501 1,330	2501		y issue fee (or reissue)		
	xtra Claims below Fe		1502 480	2502	240 Desi	gn issue fee		
Total Claims -20**:			1503 640	2503	320 Plan	it issue fee		
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Large Entity Small Entity	0.00 10.0	—-I '	1807 50			cessing fee under 37 CFR 1.17(q)		
Fee Fee Fee Fee	Fee Description		1806 180	1808		nission of information Disclosure Strnt		
Code (\$) Code (\$) 1202 18 2202 9	Claims in excess of 20	1	8021 40	8021	prope	ording each patent assignment per erty (times number of properties)		
1201 86 2201 43	Independent claims in excess	of 3	1809 770	2809		g a submission after final rejection CFR 1.129(a))		
f	Multiple dependent claim, if no		1810 770	2810	385 For 6	each additional invention to be nined (37 CFR 1.129(b))		
1204 86 2204 43	Reissue independent claim over original patent		1801 770	2801		nined (37 CFR 1.129(b)) suest for Continued Examination (RCE)		
1205 18 2205 9	** Reissue claims in excess or and over original patent		1802 900		900 Red	quest for expedited examination design application		
			Other fee (specify)					
SUBTOTAL (2) (\$) 0.00 **or number previously paid, if greater, For Relssues, see above				duced by Basic Filing Fee Paid SUBTOTAL (3) . (\$) 0.00			0	
SUBMITTED BY (Complete (if applicable))								
Name (Print/Type) Mary	J. Hosley			ation No.	48,324	Telephone 269.833.09	75	
Signature Date June 17, 2005								
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